

| Rental Property License Application | | | | | Page 1 of 2 |
|--|------------|-------|---|-----|-------------|
| LICENSE FEE: \$125 Each property address and dwelling unit must have its own application. Please complete all areas of application. License must be renewed each year. | | | | | |
| Property Address | | | ZIP | | |
| Type of Unit (select one) <input type="checkbox"/> Single Family <input type="checkbox"/> Condo/Townhome <input type="checkbox"/> Duplex/Twinhome <input type="checkbox"/> Group Home <input type="checkbox"/> Home With Services | | | Tax ID/Social Security Number (required) | | |
| Property Owner Information | | | | | |
| City MUST be notified in writing within 5 days of any change of information. | | | | | |
| Name | | | <input type="checkbox"/> Primary Contact (ie, License Renewal, Inspections) | | |
| Street Address | | City | State | ZIP | |
| Home Phone | Cell Phone | | Work Phone | | |
| Email | | | <input type="checkbox"/> Send official correspondence via email (instead of regular mail) | | |
| Manager/Management Company Information | | | | | |
| City MUST be notified in writing within 5 days of any change of information. | | | | | |
| Name of Manager/Management Company | | | <input type="checkbox"/> Primary Contact (ie, License Renewal, Inspections) | | |
| Street Address | | City | State | ZIP | |
| Contact Name (if management company) | Phone | | Cell Phone | | |
| Email | | | <input type="checkbox"/> Send official correspondence via email (instead of regular mail) | | |
| Emergency Information | | | | | |
| Provide in case owner or management cannot be reached. | | | | | |
| Emergency Contact Name | | Phone | Alternate Phone | | |
| Street Address | | City | State | ZIP | |

Vendee Information

Provide information about vendee if dwelling has contract for deed or mortgage.

| | | | |
|---|------|-------|-----|
| Name (Lender or Financial Institution Holding Mortgage) | | Phone | |
| Street Address (No PO Boxes) | City | State | ZIP |

Signature

I certify that the information provided is accurate and complete to the best of my knowledge and I acknowledge that the license is granted on a provisional basis pending acceptable inspection of property by a City official.

| | |
|------------------------------------|------|
| Signature of Applicant X | Date |
|------------------------------------|------|

\$125 License Fee

Make check payable to **City of Golden Valley** and mail to:

Golden Valley Fire Department
Attn: Jill Lund
7800 Golden Valley Rd
Golden Valley, MN 55427

****NOTE:** Per City Ordinance No.435 Section 2.1, all licenses will not be issued/renewed until all fees, charges, taxes, special assessments, and other debts or obligations that are due from the applicant are paid in full. This means the City of Golden Valley water and sewer utility bill also needs to be paid in full before licenses are renewed. No amount can be certified.

DATA PRACTICES ADVISORY: The data you supply in this application will be used to assess your qualifications for a license and will become public data under the Minnesota Government Data Practices Act when received by the City of Golden Valley. This data is not legally required, but the City will not be able to grant the license without it. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required, and to determine if the applicant meets all ordinance requirements. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.



Staff Use Only

| | | |
|-------------------------|--------------------------------------|--|
| Utilities owed to City? | <input type="checkbox"/> No | <input type="checkbox"/> Yes — Amount: |
| Date Received | Check Number | |
| Citations Issued | <input type="checkbox"/> 1st (\$100) | <input type="checkbox"/> 2nd (\$250) |
| | <input type="checkbox"/> 3rd (\$500) | <input type="checkbox"/> 4th (\$500) |